

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

WELL DRILLER'S REPORT
 Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 42087

1. OWNER THE ENVIRONMENTAL Co ADDRESS AT WELL LOCATION 4755 ASHURE RD
 MAILING ADDRESS 710 N.W. Sunrise St Suite 208 Building 548 FAIRWAY NW 89996
ISSAQUAH WA 98027
 2. LOCATION SW 1/4 SW 1/4 Sec. 22 T. 18 N. S. R. 29 E. CHEVELLILL County
 PERMIT NO. M10-200 Issued by Water Resources Parcel No. _____ Well Id. MMW-806-D Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____
 4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock
 5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thick-ness
<u>1) PLACE NEAT cement</u>				
<u>Grout via trench</u>				
<u>Pipe from bottom</u>				
<u>to surface</u>				
<u>2) depth of well 16'</u>				
<u>3) PLACE 33 GALLONS</u>				
<u>cement</u>				

8. WELL CONSTRUCTION
 Depth Drilled _____ Feet Depth Cased _____ Feet
 HOLE DIAMETER (BIT SIZE)
 From _____ To _____
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 Inches _____ Feet _____ Feet
 CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
<u>4"</u>	<u>FACTORY</u>	<u>SCH 40 SFS.</u>	<u>0</u>	<u>6</u>

 Perforations:
 Type perforation FACTORY SLIT
 Size perforation 0.010
 From 6 feet to 16 feet
 From _____ feet to _____ feet
 Surface Seal: Yes No Seal Type:
 Depth of Seal SURFACE Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From _____ feet to _____ feet

Date started 8-15 10.00
 Date completed 8-16 10.00

7. WELL TEST DATA

TEST METHOD:	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift			

9. WATER LEVEL
 Static water level 8.18 FEET feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____
 10. DRILLER'S CERTIFICATION
 This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name BOBET LONGMAYOR Contractor
 Address 32 STOKES DR Contractor
Dighton, NV, 89403
 Nevada contractor's license number issued by the State Contractor's Board 0021976
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller M2071
 Signed Bobet Longmayor
 By driller performing actual drilling on site or contractor
 Date 09-18-00